

RON THORNBURGH
Secretary of State



REVISED

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594
(785) 296-4564

STATE OF KANSAS

February, 16 2007

To Whom It May Concern:
Amended State HAVA Funding Reports
U.S. Election Assistance Commission
1225 New York Avenue, NW – Suite 1100
Washington, DC 20005

Amended HAVA Title II, Sections 251 Funding Report for Federal FY 2004 & 2005

This is to certify the State of Kansas' Title II expenditures with respect to the categories of activities described for the permissible use of funds in HAVA Title II, 251.

Attached are the following documents:

1. Standard Form 269 (Long Form) for Federal FY 04 & 05
2. Attachment detailing State Match information, MOE, Narrative Report and Voting Equipment.
3. Detailed Expenditure sheet (FFY05) by item and State Plan table of contents reflecting page numbers.

Sincerely,

A handwritten signature in black ink that reads "Craig Bourne". The signature is fluid and cursive.

Craig Bourne
HAVA Coordinator
Kansas Secretary of States Office
785-296-0080
CraigB@kssos.org

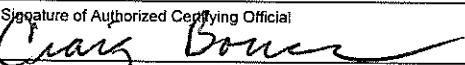
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FINANCIAL STATUS REPORT
(Long Form)

(Follow instructions on the back)

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| | | | | | |
|---|---|--|--------------------------|--|-------------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Election Assistance Commission | | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency Title II, 251 | | OMB Approval No. 0348-0039 | Page of pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) Kansas Secretary of State First Floor, Memorial Hall 120 SW 10th Ave. Topeka, KS 66612-1594 | | | | | |
| 4. Employer Identification Number FEIN #48-6029925 | | 5. Recipient Account Number or Identifying Number CDFA #90.401 | | 6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual | | | | | |
| 8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 6/21/2004 | | To: (Month, Day, Year) Until disbursed | | 9. Period Covered by this Report From: (Month, Day, Year) 10/1/2004 To: (Month, Day, Year) 9/30/2005 | |
| 10. Transactions: | | | I Previously Reported | I This Period | III Cumulative |
| a. Total outlays | | | 0.00 | 11,215.00 | 11,215.00 |
| b. Refunds, rebates, etc. | | | 0.00 | 0.00 | 0.00 |
| c. Program income used in accordance with the deduction alternative | | | 0.00 | 0.00 | 0.00 |
| d. Net outlays (Line a, less the sum of lines b and c) | | | 0.00 | 11,215.00 | 11,215.00 |
| Recipient's share of net outlays, consisting of: | | | | | |
| e. Third party (in-kind) contributions | | | 0.00 | 0.00 | 0.00 |
| f. Other Federal awards authorized to be used to match this award | | | 0.00 | 0.00 | 0.00 |
| g. Program income used in accordance with the matching or cost sharing alternative | | | 0.00 | 0.00 | 0.00 |
| h. All other recipient outlays not shown on lines e, f or g | | | 0.00 | 0.00 | 0.00 |
| i. Total recipient share of net outlays (Sum of lines e, f, g and h) | | | 0.00 | 0.00 | 0.00 |
| j. Federal share of net outlays (line d less line i) | | | 0.00 | 11,215.00 | 11,215.00 |
| k. Total unliquidated obligations | | | | | 1,464,732.00 |
| l. Recipient's share of unliquidated obligations | | | | | 73,237.00 |
| m. Federal share of unliquidated obligations | | | | | 1,391,495.00 |
| n. Total Federal share (sum of lines j and m) | | | | | 1,402,710.00 |
| o. Total Federal funds authorized for this funding period | | | | | 21,654,183.51 |
| p. Unobligated balance of Federal funds (Line o minus line n) | | | | | 20,251,473.51 |
| Program income, consisting of: | | | | | |
| q. Disbursed program income shown on lines c and/or g above | | | | | 0.00 |
| r. Disbursed program income using the addition alternative | | | | | 0.00 |
| s. Undisbursed program income | | | | | 0.00 |
| t. Total program income realized (Sum of lines q, r and s) | | | | | 0.00 |
| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed | | | | |
| | b. Rate | c. Base | d. Total Amount | e. Federal Share | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Please see attached document regarding interest, MOE, Narrative and Voting equipment information. | | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. | | | | | |
| Typed or Printed Name and Title Craig Bourne, HAVA Coordinator | | | | Telephone (Area code, number and extension) (785) 296-0080 | |
| Signature of Authorized Certifying Official  | | | | Date Report Submitted February 20, 2007 | |